BURRILLVILLE LIONS CLUB P.O. BOX 414 HARRISVILLE, RI 02830

<u>QUALIFICATIONS</u>: Resident of the Town of Burrillville or North Smithfield during senior year of high school. Graduation from an accredited high school, or G.E.D. program, in 2024. Pursuing post-secondary education at an accredited institution.

2024 SCHOLARSHIP APPLICATION PLEASE COMPLETE AND ANSWER ALL QUESTIONS

	NAME:	
	ADDRESS:	
	TELEPHONE:	
	SCHOOL INFORMATION	
	SCHOOL: CLASS RANK:	
	SAT SCORES: VERBAL MATH	
	ACHIEVEMENTS TESTS;	
Schoo	ol Activities: (athletics, student government, music groups, etc.)	
Comn	nunity Activities: (volunteer, church, scouts, etc.)	
Awaro	ds Received: (include evidence of leadership role in both school and community activities)
To wh	hich institutions are you applying?	
What	College/University to you hope to attend:	
List tu	uition for each:	
Have	you received any other form of financial aid? yes no	
•	, from whom and in what amount:	
(Turn	n to Reverse Side)	

How do you plan to finance your college education? _____

Briefly outline your career goals:

FAMILY INFORMATION

Father's name:	Occupation:		
Mother's name:	Occupation:		
Name of Brothers and Sisters:			
Are any of your brothers and sisters	currently attending a college or university?	yes	no

Write and attach a <u>one-page</u> summary about yourself, your future goals and objectives, and the factors that have helped to shape them.

A transcript, and two letters of reference, must be included.

APPLICATIONS MUST BE POST MARKED NO LATER THAN SATURDAY, MAY 4, 2024.

Completed applications should be sent <u>under one cover to the following address:</u>

Burrillville Lions Club Scholarship Selection Committee P. O. Box 414 Harrisville, RI 02830

Please Note: Incomplete applications will not be considered.